WOUND VAC THERAPY
(Vacuum-Assisted Wound Closure)

Description

Vacuum-assisted closure of chronic wounds (also known as negative pressure wound therapy) uses a vacuum pump to assist in closing large wounds and wound areas that have had delayed progress in healing. The device attaches to the surface of the wound area with a special dressing. The negative pressure accelerates the healing process by drawing blood flow, clotting factors, and wound drainage to the surface of the wound.

Wounds are often categorized according to severity and into four stages:
- Stage I: Sin intact but appears red for greater than one hour following relief of pressure
- Stage II: Skin is injured with blister (broken or unbroken); with or without infection
- Stage III: Subcutaneous destruction into muscle; with or without infection
- Stage IV: Deepest injury (usually extending into muscle, tendon, or even bone) with or without infection

THC considers requests for Wound Vac therapy when administrative and medical decision criteria are met. The requesting provider must submit appropriate documentation to substantiate the medical necessity for wound vac therapy.

Contraindications for Wound Vac Therapy

1. Presence in the wound of necrotic tissue with eschar, if debridement is not attempted
2. Untreated osteomyelitis within the vicinity of the wound
3. Cancer present in the wound
4. The presence of a fistula to an organ or body cavity within the vicinity of the wound

Decision Criteria

Administrative

1. UM review and approval required prior to initiation of therapy.
2. Services must be performed by a THC affiliated or contracted provider, or prior approval of UM or Plan Medical Director for non-contracted provider.

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1 Medical Coverage Policies; Vacuum-Assisted Wound Closure; BCBS of Rhode Island; effective date: 02/26/04, last update: 10/02/07. www.bcbsri.com/BCBSRIweb/plansandservices/medical_policies. Accessed 09/08/08
2 Wound V.A.C.-KCI Protocol; Emergency General Surgery Services; Vanderbilt University Medical Center; 10/2004.
3. Affected member must have current eligibility at time of request and have available benefit.
4. Submitted documentation must include previous treatment rendered and response; evaluation of wound (type/staging); and wound measurement(s) by a licensed medical professional.
5. Documentation of dressings to maintain a moist wound environment
6. Debridement of necrotic tissue if present
7. Evaluation of and provision for adequate nutritional status (lab values for serum albumin, protein, etc.)

Medical
1. Chronic Stage III or IV pressure ulcers
2. Neuropathic (diabetic) ulcers
3. Venous or arterial insufficiency ulcers
4. Chronic ulcers of mixed etiology present for at least 30 days
5. Dehisced wounds or wounds with exposed orthopedic hardware or bone
6. Acute wounds
7. Poststernotomy mediastinitis

**Termination of Therapy**
Treatment may be terminated when either of the following occurs:
1. Physician determines that adequate wound healing has occurred
2. Documentation demonstrates that a measurable degree of wound healing has failed to occur over a 30-60 days period
3. Four months has elapsed since initiation of therapy without significant improvement in the wound(s)
4. Continued coverage for therapy beyond a 4 months period is evaluated on a case-by-case basis by the Plan’s Medical Director after receipt of additional and appropriate documentation

**Bibliography**
1 Medical Coverage Policies; Vacuum-Assisted Wound Closure; BCBS of Rhode Island; effective date: 02/26/04, last update: 10/02/07. [www.bcbsri.com/BCBSRIconnect/plansandservices/medical_policies](http://www.bcbsri.com/BCBSRIconnect/plansandservices/medical_policies). Accessed 09/08/08
2 Wound V.A.C.-KCI Protocol; Emergency General Surgery Services; Vanderbilt University Medical Center; 10/2004.